

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/751053

FILING DATE

12/29/00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2		/					52	/					
3		/					53	/					
4		/					54	/					
5		/					55	/					
6		/					56	/					
7		/					57	/					
8		/					58	/					
9		/					59	/					
10		/					60	/					
11		/					61	/					
12		/					62	/					
13		/					63	/					
14		/					64	/					
15		/					65	/					
16		/					66	/					
17		/					67	/					
18		/					68						
19		/					69						
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25		/					75						
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31		/					81						
32		/					82						
33		/					83						
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35		/					85						
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37		/					87						
38		/					88						
39	/						89						
40		/					90						
41		/					91						
42		/					92						
43		/					93						
44		/					94						
45	/						95						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	47						TOTAL DEP.	17					
TOTAL CLAIMS	50						TOTAL CLAIMS	17					

BEST AVAILABLE COPY